

Foster Family Home - Corrective Action Report

Provider ID: 2-615338

Home Name: Marina Khrapov, CNA

Review ID: 2-615338-11

223 Kulamanu Circle

Reviewer: Terri Van Houten

Kula HI 96790

Begin Date: 9/8/2020

Foster Family Home

Required Certificate

[11-800-6]

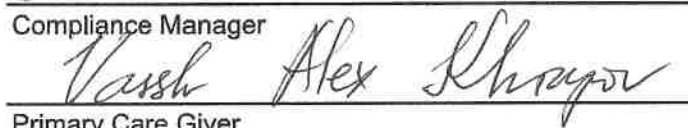
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

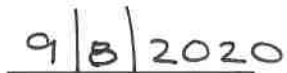
6.(d)(1) – Unannounced annual home inspection made for a 3 bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.



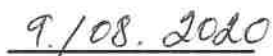
Compliance Manager



Primary Care Giver



Date



Date